



Early childhood oral health needs

What is the Public Health Issue?

Oral health is integral to general health.¹ Early childhood caries (ECC), previously known as baby bottle tooth decay, is severe and rampant decay that occurs in the primary teeth of infants and toddlers. It affects 5-10% of America's young children,² and up to 20% of children from low-income families.³ Less severe decay also occurs in young children. In fact, six out of 10 children have reported at least one or more decayed tooth by age five.⁴

Consequences of untreated ECC:²

- ✓ *High risk of future decay⁵*
- ✓ *Pain*
- ✓ *Poor eating habits*
- ✓ *Weight loss*
- ✓ *Problems with speech, self-esteem, socialization*

ECC is usually associated with frequent overexposure of primary teeth to sugar. This often occurs when infants and toddlers are repeatedly given pacifying bottles or sippy cups filled with milk, juice or other sweet liquids during the day or at bedtime.¹ Another risk factor associated with ECC is the mother's oral health, and transmission of decay-causing bacteria from mother to child.²

The cost of treatment for ECC is very high. As of 2000, it was estimated that costs ranged from \$1,500 to \$2,000 per child depending on whether hospitalization and general anesthesia were necessary.¹ Prevention of ECC requires a comprehensive plan involving "at risk" communities and parents, general and pediatric dental providers, and primary and pediatric non-dental providers. The emphasis should be on healthy feeding practices, daily tooth cleaning, appropriate use of toothpaste and other products that contain fluoride, and early identification and timely referral and intervention for at-risk children.

What is the situation in Maine?

In 2002, there were only ten dentists in Maine who specialized in pediatric dentistry.⁶ All of Maine's 16 counties include groups of communities designated as Dental Health Professional Shortage Areas.

*Maine ECC Statistics, 1-4 year olds**

- ✓ *48% with tooth decay*
 - ✓ *13% with severe decay, ECC*
- *from a survey of Washington County only*

What is Maine doing?

- **Maine's Early Childhood Caries Prevention and Intervention Program**, currently under development, has the following three objectives: (1) increase oral health assessment of young pediatric patients by primary care providers (PCPs), (2) increase accessibility of oral health services for young pediatric patients, and (3) increase appropriate dental referrals from PCPs to dental providers for follow-up services.
- **Community water fluoridation** prevents decay and provides a protective benefit to Maine's children. In 2004, 84% of the population in Maine on public water systems receives fluoridated water. However, this translates into only about 38.5% of Maine's total population receiving fluoridated water due to the large proportion of Maine citizens who drink water from a private source.

Related Healthy People 2010 Objective:⁷

- ✓ *Reduce tooth decay experience in 2-4 year olds to 11%.*

Healthy Maine 2010 objective:⁸

- ✓ *Reduce the proportion of children with tooth decay in their primary teeth to 25%*

References:

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